## **CatsWA**

(Feline Control Council of WA Inc).
MEMBER BODY OF AUSTRALIAN CAT FEDERATION (INC).



Enquiries please call:

## TRANSFER OF OWNERSHIP APPLICATION

Mail this form to:

FELINE CONTROL COUNCIL OF WA (INC) Tel: 0433 807 964 GPO Box 915, CANNINGTON WA 6107 Email: catswa01@gmail.com CAT'S STATUS: (Please tick applicable box) BREEDING: ENTIRE: DE-SEXED: Fee WA \$10, Interstate \$25, International \$50 **REGISTERED CAT DETAILS** NAME OF CAT: BREED:\_\_\_\_\_ COLOUR/PATTERN:\_\_\_\_ REG. NO:\_\_\_\_\_\_ MICROCHIP NO:\_\_\_\_\_ SEX: MALE FEMALE DATE OF SALE: Please Note: The Vendor must submit this form together with the Certificate of Registration to the office of the Feline Control Council of WA (Inc) within thirty (30) days of the sale or gift of the said cat. Non-breeding cats over the age of SIX months must be De-Sexed **NEW OWNER DETAILS & DECLARATION** PLEASE USE BLOCK LETTERS: NAME/S: ADDRESS: PC: STATE: EMAIL: TELEPHONE: MOBILE: 1. **DECLARATION** (*Please Note:* If cat is De-Sexed, Clause (b) does not apply) I/We acknowledge that the cat mentioned above is to be recorded with the Feline Control Council of as a **BREEDING**: ENTIRE: or as a DE-SEXED: and WA (Inc) b) I/We acknowledge that if said cat is entire, I/We will not transfer said cat again as an entire, either by sale or gift unless with the express permission of the Breeder. Date:\_\_\_ Signed: Signed: BREEDER OR OWNER DETAILS & DECLARATION PLEASE USE BLOCK LETTERS: NAME/S: ADDRESS: PC: STATE: EMAIL: TELEPHONE: MOBILE: 1. **DECLARATION** I/We hereby authorise the transfer of ownership in the Register of the Feline Control Council of WA (Inc) of the following cat/kitten: Signed:\_ Signed:\_ \_\_\_ Date:\_ OFFICE USE ONLY DATE RECEIVED:\_\_\_ REGISTRAR: COMPLETED:\_ RECEIPT NO: AMOUNT PAID: BSB: 036-224 Acct No: 298699 Acct Name: Feline Control Council of WA (Inc.) Bank: Westpac DIRECT DEPOSIT You must use your first initial and Surname as the description for the deposit. (We will not be able to track payments without a description)

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